

I hereby certify that this correspondence is being deposited with the U.S. Postal Service with sufficient postage as Express Mail No. EV336671831US in an envelope addressed to: Mail Stop Missing Parts, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, on:

Date: September 9, 2004

By: Sandy Reisman

Sandy Reisman

PATENT

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

IN RE APPLICATION OF: OREN ETZIONI *ET AL.*

APPLICATION NO.: 10/811,077

FILED: MARCH 26, 2004

FOR: **PERFORMING PREDICTIVE PRICING
BASED ON HISTORICAL DATA**

ART UNIT: 3629

CONF. NO: 8067

**Response to Notice to File Missing
Parts of Application**

Mail Stop Missing Parts
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

1. In response to the Notice to File Missing Parts mailed June 10, 2004 (copy enclosed), applicant submits the following:
 - ☒ A Petition for One-Month Extension of Time
 - ☒ An Executed Declaration of Inventorship
 - ☒ A Power of Attorney by Assignee (with copies of three Assignments)
 - ☐ A Preliminary Amendment
 - ☐ An Information Disclosure Statement, Form PTO-1449, and references (if appropriate)
 - ☐ A Sequence Listing printout, floppy diskette, Matching Declaration under 37 C.F.R. § 1.821, and copy of Sequence Listing Notice
 - ☐ A copy of an assignment recordation cover sheet for informational purposes only (Form PTOL-1595) for assignment(s) being filed separately.

- ☒ Formal Drawings (21 sheets, Figures 1A-8)
- ☒ Copy of Notice to File Missing Parts

2. Authorization for Extensions of Time Under 37 C.F.R. § 1.136 (a)(3)

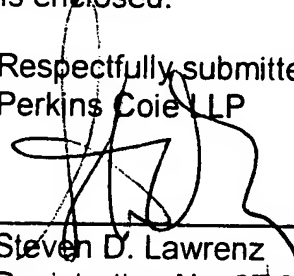
Applicant petitions for an Extension of Time if necessary for timely filing of this Response. The Commissioner is authorized to treat this or any future reply requiring a Petition for Extension of Time under 37 C.F.R. § 1.136 (a)(3) for its timely submission as incorporating a petition therefor for the appropriate length of time. Please charge all required extension of time fees in this application to Deposit Account No. 50-0665.

3. Fee Calculation and Payment

For:	(Col. 1) No. Filed	(Col. 2) No. Extra	Small Entity			Other Than a Small Entity	
			Rate	Fee		Rate	Fee
Basic Fee				\$385.00	or		\$770.00
Total Claims	67 - 20	47	x \$ 9 =	\$423.00	or	x \$ 18 =	\$
Independent Claims	13 - 3	10	x \$43 =	\$430.00	or	x \$ 86 =	\$
<input type="checkbox"/> Multiple Dependent Claim Presented			+ \$145 =	\$	or	+ \$290 =	\$
Petition for Extension of Time				\$55.00			
Missing Parts Surcharge				\$65.00			\$130.00
*If the difference in Col. 1 is less than zero, enter "0" in Col. 2.			TOTAL	\$1358.00	or	TOTAL	\$

- ☒ Applicant claims small entity status. See 37 C.F.R. § 1.27
- ☒ Enclosed is a check for \$1358.00.
- ☐ Please charge \$ to Deposit Account No. 50-0665.
- ☒ Please charge any deficiency or credit to Deposit Account No. 50-0665.
A duplicate copy of this Response is enclosed.

Respectfully submitted,
Perkins Coie LLP



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Registration No. 37,376

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